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23915 7590 12/28/2005

PATENT DOCKET ADMINISTRATION
RAYTHEON SYSTEMS COMPANY
P.O. BOX 902 (EXXXXX) (E4/N119)
BLDG E1 M S E150
EL SEGUNDO, CA 90245-0902 02/28/2006 SSESHE2 00000051 500616 10634303

01 FC:1501 1400.00 DA
02 FC:8001 21.00 DA

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Elaine Panousis	(Depositor's name)
<i>Elaine Panousis</i>	(Signature)
2-22-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,303	08/05/2003	James G. Chow	PD-02W216	7965

TITLE OF INVENTION: METHOD FOR SAR PROCESSING WITHOUT INS DATA

02/28/2006 SSESHE2 00000052 10634303
01 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/28/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
GREGORY, BERNARR E		3662	342-02500F		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Leonard A. Alkov

2 Karl A. Vick

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Raytheon Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Waltham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 7

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0616 (enclose an extra copy of this form).

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Authorized Signature

Date 2-22-06

Typed or printed name

Leonard A. Alkov

Registration No. 30,021

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